



Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

13-003

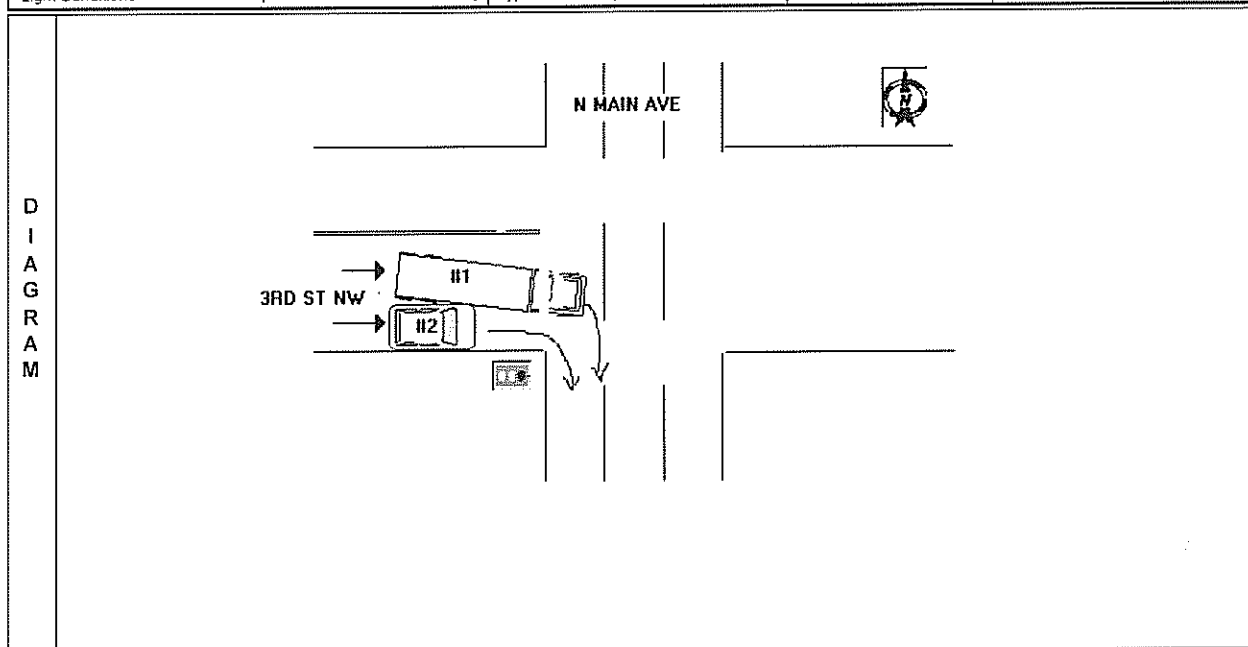
Legal Intervention? Private Property?

L O C A T I O N	Date of Accident: 01/16/2013	Time of Accident: 19:13 Hrs.	County: Sioux - 84	Accident occurred within corporate limits of (city): Sioux Center - 7055	Location Literal Description 3RD ST NW and US 0075 / MAIN AVE and 3RD ST NE
	If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"				
	On Road, Street, or Highway: "N/A"		At Intersection with: "N/A"		
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.				
	Distance: "N/A"	Direction: "N/A"	Distance: "N/A"	Direction: "N/A"	

U N I T	Driver's Name - Last: NUZUM		First: COLT	Middle: THOMAS	Suffix:	Home/Cell Phone: (307) 281-2776 x			
	Address: 2922 NEW HAVEN RD		City: OSHOTO		State: WY	Zip: 82721			
	Date of Birth: 08/12/1984	Driver's License Number: 107433195		Citation Charge Code 1:	Citation Charge 1:				
	Gender: Male	State: WY	Class: A	Endorsements: NT	Restrictions: NONE	Citation Charge Code 2:	Citation Charge 2:		
	Alcohol Test Given? 1 - None	Test Results:	Drug Test Given? 1 - None	Test Results:	Citation Charge Code 3:	Citation Charge 3:			
	Seating Position: 01	Injury Status: 5	Occupant Protection: 2	Airbag Deployment: 5	Airbag Switch Status: 9	Ejection: 1	Ejection Path: 1	Trapped: 1	
	Transported to:			Transported by:					
	Owner's Name - Last: LINCH		First: DONALD	Middle: C	Suffix:	Owner Company Name:			
	Address: 19158 LINCH LANE		City: BELLE FOURCHE		State: SD	Zip: 57717			
	Insurance Co. Name: GREAT WEST CASUALTY		Insurance Policy #: GWP05896K		License Plate #: PR17241	State: SD	Year: 2013		
	VIN No.: 1XP5DB9X05D046696	Year: 2005	Make: Peterbilt - PTRB	Model: 379	Style: SEMI	Tow #: NO	Approximate Cost to Repair or Replace:		
	Initial Travel Direction: 2	Vehicle Action: 03	Speed Limit: 25	Point of Initial Impact: 04	Most Damaged Area: 04	Extent of Damage: 2	Upperride/Override: 1	Private? <input type="checkbox"/>	\$1,400.00
	Total Occupants: 1	Traffic Controls: 02	Vehicle Config: 07	Cargo Body Type: 02	Vehicle Defect: 01	Driver Condition: 1	Vision Obscured: 01	Contributing Circumstances, Driver (up to two): 28	
	SEQUENCE OF EVENTS		First Event: 21	Second Event:	Third Event:	Fourth Event:	Most Harmful Event (by vehicle): 21		
	Commercial Trailer License Plate #:	Attached to Power Unit:	State:	Year:	Attached to Trailer Unit:	State:	Year:	Emergency Vehicle Type: 1	Emergency Status: 3
Carrier Name:		Address:		City:		State:		Zip:	
US DOT #:	or MC #:	Number of Axles:	Gross Vehicle Weight Rating:	Placard #:	Hazardous Materials Released?				

U N I T	Driver's Name - Last: HERNANDEZ-GARCIA		First: MARIA	Middle: C	Suffix:	Home/Cell Phone: (712) 578-0196 x			
	Address: 644 10TH ST NW		City: SIoux CENTER		State: IA	Zip: 51250			
	Date of Birth: 07/06/1985	Driver's License Number:		Citation Charge Code 1: 321.174	Citation Charge 1: FAILURE TO HAVE VALID LICENSE				
	Gender: Female	State: NO	Class: NONE	Endorsements: NONE	Restrictions: NONE	Citation Charge Code 2:	Citation Charge 2:		
	Alcohol Test Given? 1 - None	Test Results:	Drug Test Given? 1 - None	Test Results:	Citation Charge Code 3:	Citation Charge 3:			
	Seating Position: 01	Injury Status: 5	Occupant Protection: 2	Airbag Deployment: 5	Airbag Switch Status: 9	Ejection: 1	Ejection Path: 1	Trapped: 1	
	Transported to:			Transported by:					
	Owner's Name - Last: ROMERO-FUENTES		First: DANIEL	Middle:	Suffix:	Owner Company Name:			
	Address: 166 5TH ST NW #4		City: SIoux CENTER		State: IA	Zip: 51250			
	Insurance Co. Name: PROGRESSIVE CASUALTY		Insurance Policy #: 11080566-5		License Plate #: 657ZZA	State: IA	Year: 2013		
	VIN No.: 1GNDT13S432199131	Year: 2003	Make: Chevrolet - CHEV	Model: TRAILBLAZER	Style: 4W	Tow #: NO	Approximate Cost to Repair or Replace:		
	Initial Travel Direction: 2	Vehicle Action: 03	Speed Limit: 25	Point of Initial Impact: 08	Most Damaged Area: 08	Extent of Damage: 3	Upperride/Override: 1	Private? <input type="checkbox"/>	\$2,800.00
	Total Occupants: 4	Traffic Controls: 02	Vehicle Config: 04	Cargo Body Type: 01	Vehicle Defect: 01	Driver Condition: 1	Vision Obscured: 01	Contributing Circumstances, Driver (up to two): 28	
	SEQUENCE OF EVENTS		First Event: 21	Second Event:	Third Event:	Fourth Event:	Most Harmful Event (by vehicle): 21		
	Commercial Trailer License Plate #:	Attached to Power Unit:	State:	Year:	Attached to Trailer Unit:	State:	Year:	Emergency Vehicle Type: 1	Emergency Status: 3
Carrier Name:		Address:		City:		State:		Zip:	
US DOT #:	or MC #:	Number of Axles:	Gross Vehicle Weight Rating:	Placard #:	Hazardous Materials Released?				

ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS Major Contributing Circumstances:		WORKZONE RELATED? No	SEQUENCE OF EVENTS
Location of First Harmful Event	1	Weather Conditions (up to two)	02	Environment	1
Manner of Crash/Collision	6	Surface Conditions	1	Roadway	01
Light Conditions	4			Type of Roadway Junction/Feature	11
				Location	
				Type	
				Workers Present?	
					First Harmful Event of Crash (use codes 11-42 only) 21



NARRATIVE

Describe what happened (refer to vehicles by number)

BOTH UNIT 1 AND UNIT 2 WERE APPROACHING NORTH MAIN AVE FROM 3RD ST NW. AT THE INTERSECTION WITH NORTH MAIN AVE, 3RD ST NW EASTBOUND TURNS INTO TWO LANES, A RIGHT TURN LANE AND A STRAIGHT/LEFT TURN LANE.

UNIT ONE WAS APPROACHING THE INTERSECTION IN THE RIGHT TURN LANE, AND SIGNALLED HIS INTENT TO TURN RIGHT. HE THEN SWUNG HIS VEHICLE WIDE LEFT IN ORDER TO MAKE A RIGHT TURN. UNIT 2 WAS BEHIND UNIT 1. DRIVER STATED THAT SHE DID NOT SEE UNIT 1'S TURN SIGNAL, AND THOUGHT THE VEHICLE MIGHT TURN LEFT INSTEAD. DRIVER OF UNIT 2 THEN PROCEEDED TO TURN RIGHT. BY THE TIME DRIVER OF UNIT 2 REALIZED THAT UNIT 1 WAS ALSO TURNING RIGHT, SHE WAS UNABLE TO AVOID BEING HIT BY UNIT 1.

NO INJURIES WERE REPORTED AS A RESULT OF THE ACCIDENT. A WITNESS TO THE ACCIDENT CORRABORATED THE INCIDENT AS DESCRIBED ABOVE.

W I T N E S S	Witness Name - Last	First	Middle	Suffix	
	VANDERPLOEG	KEVIN			
	Address	City	State	Zip Code	
	148 8TH ST NE	SIOUX CENTER	IA	51250	
	Home/Cell Phone #	Work Phone #			
	(712) 722-4208 x				

Officer	Badge No.	Time Officer Notified of Accident		Time Officer Arrived At Scene	
SCHAEFER ULF	84-24	19:13		19:18	
Name of Agency	Date of Report	Investigation made at scene?	T.I. #		
Sioux Center Police Department	01/16/2013	Yes			
Report Reviewed By:	Date Reviewed	Agency Specific	Other Technical Investigation Agency		



Driver Information Exchange Report

Sioux Center Police Department
712-722-0761

UNIT 001	Driver's Name - Last NUZUM		First COLT		Middle THOMAS		Suffix	Date of Birth 08/12/1984	
	Address 2922 NEW HAVEN RD				City OSHOTO		State WY	Zip 82721	Home/Cell Phone (307) 281-2776 x
	Gender Male	Driver's License Number 107433195	Class A	State WY	Endorsements NT	Restrictions NONE	Insurance Co. Name GREAT WEST CASUALTY		Insurance Co. Phone # (605) 737-7865 x
	Owner Company Name					Insurance Policy # GWP05896K			
	Owner's Name - Last LINCH		First DONALD		Middle C		Suffix		
	Address 19158 LINCH LANE				City BELLE FOURCHE		State SD	Zip 57717-	
	VIN No. 1XP5DB9X05D846696	Year 2005	Make PTRB	Model 379		Style SEMI	Vehicle Configuration 07		
	License Plate # PR17241		State SD	Year 2013	Most Damaged Area 04 - Right Rear			Approximate Cost to Repair or Replace \$1,400.00	

UNIT 002	Driver's Name - Last HERNANDEZ-GARCIA		First MARIA		Middle C		Suffix	Date of Birth 07/06/1985	
	Address 644 10TH ST NW				City SIOUX CENTER		State IA	Zip 51250	Home/Cell Phone (712) 578-0196 x
	Gender Female	Driver's License Number	Class	State NO	Endorsements NONE	Restrictions NONE	Insurance Co. Name PROGRESSIVE CASUALTY		Insurance Co. Phone # (712) 722-2222 x
	Owner Company Name					Insurance Policy # 11080566-5			
	Owner's Name - Last ROMERO-FUENTES		First DANIEL		Middle		Suffix		
	Address 166 5TH ST NW #4				City SIOUX CENTER		State IA	Zip 51250-	
	VIN No. 1GNDT13S432199131	Year 2003	Make CHEV	Model TRAILBLAZER		Style 4W	Vehicle Configuration 04		
	License Plate # 657ZZA		State IA	Year 2013	Most Damaged Area 08 - Left Front			Approximate Cost to Repair or Replace \$2,800.00	

County Sioux - 84	Accident occurred within corporate limits of (city) Sioux Center - 7055								
Literal Description 3RD ST NW and US 0075 / MAIN AVE and 3RD ST NE									
X-Coordinate 00241492					Y-Coordinate 04774568				
If accident occurred outside of city limits show general vicinity: "N/A"			Direction "N/A"	of	Nearest City "N/A"			Route (Cardinal) Travel Direction "N/A"	
On Road, Street, or Highway: "N/A"					At Intersection with: "N/A"				
Distance "N/A"	Direction "N/A"	and	Distance "N/A"	Direction "N/A"	of	Milepost Number "N/A"	Or		
Definable intersection, bridge, or railroad crossing "N/A"									
Officer SCHAEFER ULF			Badge No. 84-24	Law Enforcement Case Number 13-003			Date of Accident 01/16/2013	Time of Accident 19:13 Hrs.	